

**Suppl Table 2 Country-specific frequency of exposure to each type of traumatic event and any event per 100 respondents (n = 68,894)**

Country	Collective Violence		Cause/witness bodily harm		Interpersonal Violence		Int partner/ Sexual Violence		Accidents/ Injuries		Death of Loved One		Other Traumas		Any Event	
	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100	Mean per 100	SE per 100
<b>Low/lower-middle income countries</b>																
Colombia	13.5	1.3	101.1	6.1	53.9	2.4	55.1	3.2	91.9	5.8	70.2	4.2	72.3	3.3	458.0	16.3
Nigeria	18.5	1.7	100.1	6.4	20.5	2.4	22.7	1.9	88.6	5.5	62.8	2.8	13.8	1.3	327.0	12.2
PRC	7.7	1.1	34.8	3.9	14.8	1.7	15.8	2.6	57.7	4.6	12.7	1.5	8.6	1.6	152.2	10.9
Peru	9.4	0.8	54.0	4.8	66.4	2.5	41.4	2.8	97.3	2.7	44.0	2.5	54.8	3.5	367.3	7.8
Ukraine	18.1	1.6	69.6	6.7	43.1	5.0	48.8	3.8	105.9	4.7	57.9	3.8	30.2	3.8	373.6	16.6
<b>Upper middle income countries</b>																
Brazil	4.1	0.9	101.8	6.8	35.4	1.8	30.2	1.7	51.6	3.1	47.2	2.1	62.5	3.6	332.9	11.7
Bulgaria	0.4	0.2	13.8	1.7	1.9	0.7	10.2	1.1	28.6	2.2	15.6	2.3	3.4	0.9	74.0	4.6
Lebanon	107.6	6.9	100.4	8.0	10.9	1.8	44.5	4.5	48.4	5.2	59.6	4.2	14.2	2.0	385.5	22.7
Medellin	16.2	2.0	76.5	5.7	45.8	3.3	57.0	7.3	67.7	6.2	66.9	6.6	75.6	4.9	405.7	25.9
Mexico	3.3	0.4	39.1	3.9	50.1	2.5	36.8	2.5	76.9	5.3	34.7	3.1	45.6	2.6	286.5	11.5
Romania	3.7	0.5	25.2	3.1	9.7	1.1	13.5	1.8	57.2	2.9	15.1	1.1	6.2	0.9	130.5	6.8
South Africa	15.6	1.6	72.7	4.6	30.7	1.5	36.5	1.4	69.2	2.5	62.1	2.6	30.5	1.4	317.2	9.6
<b>High income countries</b>																
Australia	10.9	0.7	83.2	3.6	29.7	1.3	73.0	2.8	88.4	2.6	64.9	2.2	31.4	1.6	381.6	8.9
Belgium	21.0	2.9	47.3	5.4	11.0	2.4	35.6	4.7	56.6	5.0	36.1	4.9	23.2	3.3	230.7	16.3
France	18.5	2.4	77.8	7.7	6.7	1.1	40.9	3.9	74.5	8.6	41.9	3.9	25.4	2.7	285.8	16.6
Germany	19.3	2.1	63.4	4.4	16.2	2.4	40.1	4.4	63.7	6.2	43.2	4.1	25.9	3.6	271.6	16.4
Israel	6.5	0.3	104.4	3.1	11.8	0.9	46.3	1.7	73.7	2.1	65.2	1.6	19.6	1.0	327.5	5.8
Italy	8.3	0.8	102.2	11.9	5.9	1.0	16.7	1.7	52.8	4.6	29.8	1.8	9.1	1.3	224.8	16.4
Japan	6.5	0.8	42.0	4.3	36.7	2.6	33.0	3.1	44.9	4.0	37.8	3.4	6.2	1.4	207.2	12.5
Murcia-Spain	3.3	1.1	7.4	1.8	15.2	0.9	23.1	4.6	51.8	5.2	37.6	3.0	18.1	2.4	156.6	12.5
Netherlands	16.4	2.8	41.8	5.0	9.8	1.7	45.7	6.7	47.0	3.4	41.6	4.6	35.3	5.4	237.6	17.5
New Zealand	11.8	0.9	70.7	3.3	32.9	1.4	83.7	3.3	120.0	4.6	67.6	2.2	28.1	1.5	414.8	9.5
N. Ireland	29.1	1.7	47.3	3.6	20.3	1.8	39.6	3.1	43.5	2.9	42.3	2.6	28.6	1.9	250.6	10.5
Portugal	10.1	1.1	50.7	3.3	31.0	1.8	33.6	2.9	75.7	3.8	34.5	2.4	25.6	2.1	261.1	9.4
Spain	8.5	0.9	14.9	2.1	6.4	1.5	13.0	2.2	51.4	3.9	28.1	2.2	26.3	3.2	148.6	8.9
USA	8.2	0.6	84.1	3.3	35.7	1.9	96.2	3.1	138.8	4.9	84.7	3.4	41.7	1.5	489.4	12.9
<b>All countries</b>																
All Countries	12.2	0.3	68.9	1.0	27.3	0.4	49.2	0.7	80.2	1.0	53.2	0.7	30.6	0.5	321.5	2.9

## **Rates of exposure to each TE factor in different countries**

**Accidents and injuries:** Accidents/injuries were the most common group of TEs in 16 surveys and second most common in seven other surveys. The highest rates of accidents and injuries were reported in the U.S. (138.8/100 respondents), New Zealand (120.0/100), and Ukraine (105.9/100), representing 28% of all TEs in these countries. These high rates were due primarily to automobile accidents (in all three countries), personal life-threatening illness (in the U.S. and Ukraine), serious illness of a child (in Ukraine), and natural disasters (in the U.S.).

**Causing/witnessing bodily harm:** Causing or witnessing bodily harm was the most common group of TEs in 9 surveys and second most common in 10 other surveys. The highest rates of traumas in this category (100.1 – 104.4/100) were found in four countries that have experienced war, sectarian violence, or armed conflict (Colombia, Nigeria, Israel, and Lebanon) along with Sao Paulo Brazil (101.8/100) and Italy (102.2/100). While witnessing death, a dead body, or serious injury was the most frequent event of this group for all countries, there was a particularly high rate of witnessing atrocities in Lebanon (20.7/100), Israel (20.3/100) and Nigeria (15.9/100) and of combat experience in Israel (10.8/100) and Lebanon (9.5/100). The rates of combat experience within countries varied greatly by age group and by the history of war involvement for that country. For Lebanon, a country invaded five times in the past 35 years, causing or witnessing bodily harm and exposure to collective violence together accounted for 53.9% of all TEs.

**Unexpected death of loved one:** Rates of the unexpected death of a loved one, defined as someone very close dying unexpectedly such as being killed in an accident, homicide, suicide, or a fatal heart attack at a young age were consistently high across

countries, with a pooled rate of 53.2/100. China had a remarkable low rate (12.7/100) compared to other countries, although this still represented 8.1% of all TEs in China.

**Intimate partner/sexual violence:** Rates of sexual violence were highest in the United States (96.2/100), New Zealand (83.7/100), and Australia (73.0/100), and represented 19-20% of all TEs in these countries. All of the individual TEs in this group had elevated rates in these three countries. However, one specific TE—being beaten up by a spouse or romantic partner—had similar or even higher rates in Colombia, Medellin-Colombia, and Peru (7.2/100–7.8/100).

**Other traumas:** Rates of exposure to man-made disaster in Ukraine (16.7/100), where the Chernobyl disaster occurred, were more than double the pooled average across countries (6.9/100). Northern Ireland, a country with frequent car bombings during the Troubles, had the second highest rate of man-made disaster (14.2/100). The rate of having been mugged or threatened with a weapon was highest in the five Latin American surveys (42.9/100 - 71.2/100).

**Interpersonal violence:** Latin American countries had the highest rates of interpersonal violence, with overall rates in Peru (66.4/100), Colombia (53.9/100), and Mexico (50.1/100) explained primarily by the high prevalence of witnessing physical fights at home (20.3% - 31.5%) and having been beaten up by a caregiver (18.2% - 20.4%). These figures are difficult to compare across countries as many countries did not ask about witnessing physical fights at home.

**Exposure to collective violence:** Exposure to collective violence was the least common group of TEs. Lebanon had by far a higher rate (107.6/100 respondents) than any other country (3.1 – 29.1/100) which was due to 55.2% of respondents having been a civilian in a war zone and 37.7% having been a refugee. The next highest rate was in

Northern Ireland (29.1/100) and was due primarily to 20.8% of respondents having been a civilian in a region of terror. Eight other countries had rates lower than but at least half as high as in Northern Ireland. Four of these 8 are in areas of Latin America (Medellin in Colombia), Africa (Nigeria, South Africa) or Eastern Europe (Ukraine) that experienced prolonged periods of sectarian violence (15.6-18.5/100), while the other four are Western European countries (Belgium, Germany, France, Netherlands) in which the high rates of exposure to collective violence are more surprising (16.4-21.0/100). Inspection of these differences shows that collective violence exposure was much more common among immigrants than native-born respondents and those alive in WWII in these Western European countries (data not shown but available upon request). The surprisingly low rate in Israel (6.5/100) was due to the WMH survey in Israel not asking respondents about being a civilian in a war zone or region of terror, as the researchers considered the total Israeli population to have been exposed. The pattern for kidnapping differed from the aggregate results for collective violence, with the highest rates reported in Brazil (4.1/100), Lebanon (3.1/100), Medellin-Colombia (2.5/100), and Mexico (2.2/100).

Our findings do not support the idea that those in developing or lower-income countries are proportionately more likely to be exposed to TEs. There are plausible explanations for this depending on the group of TEs in question, and we discuss two below.

Consider exposure to collective violence. There are actually many people in high income countries exposed to war. First, the age distribution in high-income countries is such that a greater proportion was alive during WWII. Second, high-income countries receive increasing proportions of migrants from war-torn countries. In 2005, developed countries had 60% of the world's migrants, with the U.S. alone having 20% of the world's migrants (representing almost 13% of the U.S. population), and Australia 2% (representing

20% of the Australian population) (United Nations, 2009). Third, the wars and conflicts to which high-income countries have sent soldiers, peacekeepers, and relief workers add to the proportion of the population in developed countries exposed to collective violence.

Supporting this explanation, our sample born before 1941 (i.e., those alive during WWII) reported greater exposure to collective violence, similar to findings from studies in the German population (Hauffa et al. 2011; Spitzer et al 2008), as did immigrants.

Second, consider accidents and injuries. It may seem incongruous that the United States and New Zealand have the highest rates of these TEs given that low-income countries have greater fatalities due to injury and accidents (WHO, 2009; Herbert et al. 2011). It has been estimated that there are 20 severe road traffic accidents for every fatality (WHO, 2009). Taking into consideration access to and quality of emergency medical services, however, it is likely that more people having accidents and injuries in high income countries survive—and consequently are more likely to be interviewed—than those in low income countries.

### **Supplementary References**

**Hauffa R, Rief W, Brähler E, Martin A, Mewes R, Glaesmer H** (2011). Lifetime traumatic experiences and posttraumatic stress disorder in the German population.

*The Journal of Nervous and Mental Disease* 199, 934-939.

**Herbert HK, Hyder AA, Butchart A, Norton R** (2011). Global health: Injuries and violence. *Infectious Disease Clinics of North America* 25, 653-668.

**Spitzer C, Barnow S, Volzke H, John U, Freyberger HJ, Grabe HJ** (2008). Trauma and posttraumatic stress disorder in the elderly: Findings from a German community study. *Journal of Clinical Psychiatry* 69, 693-700.

**United Nations, Department of Economic and Social Affairs, Population Division**

(2009). International Migration Report 2006: A Global Assessment.

[http://www.un.org/esa/population/publications/2006\\_MigrationRep/exec\\_sum.pdf](http://www.un.org/esa/population/publications/2006_MigrationRep/exec_sum.pdf).

[Accessed 27 July 2014](#).

**World Health Organization** (2009). *Global status report on road safety: Time for action*.

([www.who.int/violence\\_injury\\_prevention/road\\_safety\\_status/2009](http://www.who.int/violence_injury_prevention/road_safety_status/2009)). Accessed 17

November 2014.